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2021 IHCP Works Annual Seminar

MDwise Claims 101

Presented by Paulette Means, Provider Rep

Providing health coverage to Indiana families since 1994

Agenda

- Member Eligibility
- Prior Authorization
- Claim Submission
- Billing Requirements
- Denial vs. Rejection
- Claim Adjustments
- Resources & Contacts
- Questions

MEMBER ELIGIBILITY VERIFICATION

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Member Eligibility

When determining eligibility, providers should verify:

- ✓Members effective date.
  - If the member is eligible on date of services.
- ✓Which Indiana Health Coverage Programs (IHCP) the members are enrolled with.
  - If the member is in Hoosier Healthwise (HHW) or Healthy Indiana Plan (HIP).
- ✓If the members are assigned to MDwise.

Member Eligibility (Cont'd)

- Who is the members Primary Medical Provider (PMP), if applicable.
- If the member has other primary insurance listed.
- And, if there are any program restrictions.

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Prior Authorization

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Claims & Prior Authorization

Prior Authorization and Claims Payments

- Universal PA Form for Hoosier Healthwise and HIP
- Behavioral Health Forms
- **Prior Authorization Lists**
- 2020 Maternity Code Exemption List Medical Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP Effective 10/1/21
- 2021 Searchable Behavioral Health Services that Require Prior Authorization for Hoosier Healthwise and HIP

Prior Authorization Refresh

- What's the difference between prior authorization and pre-authorization?

Prior Authorization Refresh

- Answer:

None. These terms mean the same thing and are used interchangeably. However, MDwise will use the term “prior authorization” instead of “pre-authorization.”

Prior Authorization Refresh

True or False:

Medications that require approval will only be covered by MDwise if you request and receive approval.

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Prior Authorization

True

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CLAIM SUBMISSION

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Claim Submission

- MDwise moved claims processing in-house for dates of service 1/1/2019 and forward. This included a new claim submission address, as well as new electronic payer IDs for Hoosier Healthwise and Healthy Indiana Plan.

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Claim Submission (Cont'd)

Claim Submission for Medical and Behavioral Health

- Paper claims:
  MDwise/McLaren Health Plans
  P.O. Box 1575
  Flint, MI 48501

- Electronic submission:
  Hoosier Healthwise EDI/Payer ID: 3519M
  Healthy Indiana Plan EDI/Payer ID: 3135M

Please note: Paper claims must be on red/white form with black ink.

Claim Submission Timelines

Type	Days Allowed
Contracted	90 calendar days from the date of service
Secondary	90 calendar days from the date of the primary explanation of benefits (EOB).
Corrected	90 calendar days from the date of the EOB.
Newborn	365 days from the date of service.
Non Contracted	180 calendar days from the date of service.

Claim Adjudication & Disputes

Claim Timelines Crosswalk:

Type	Days Allowed
Electronic Claims	21 business days from date of receipt
Paper Claims	30 calendar days from date of receipt
Initial Dispute	60 calendar days from the date of the EOB.
Dispute Response	30 calendar days from date of receipt.

BILLING REQUIREMENTS

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Billing Requirements

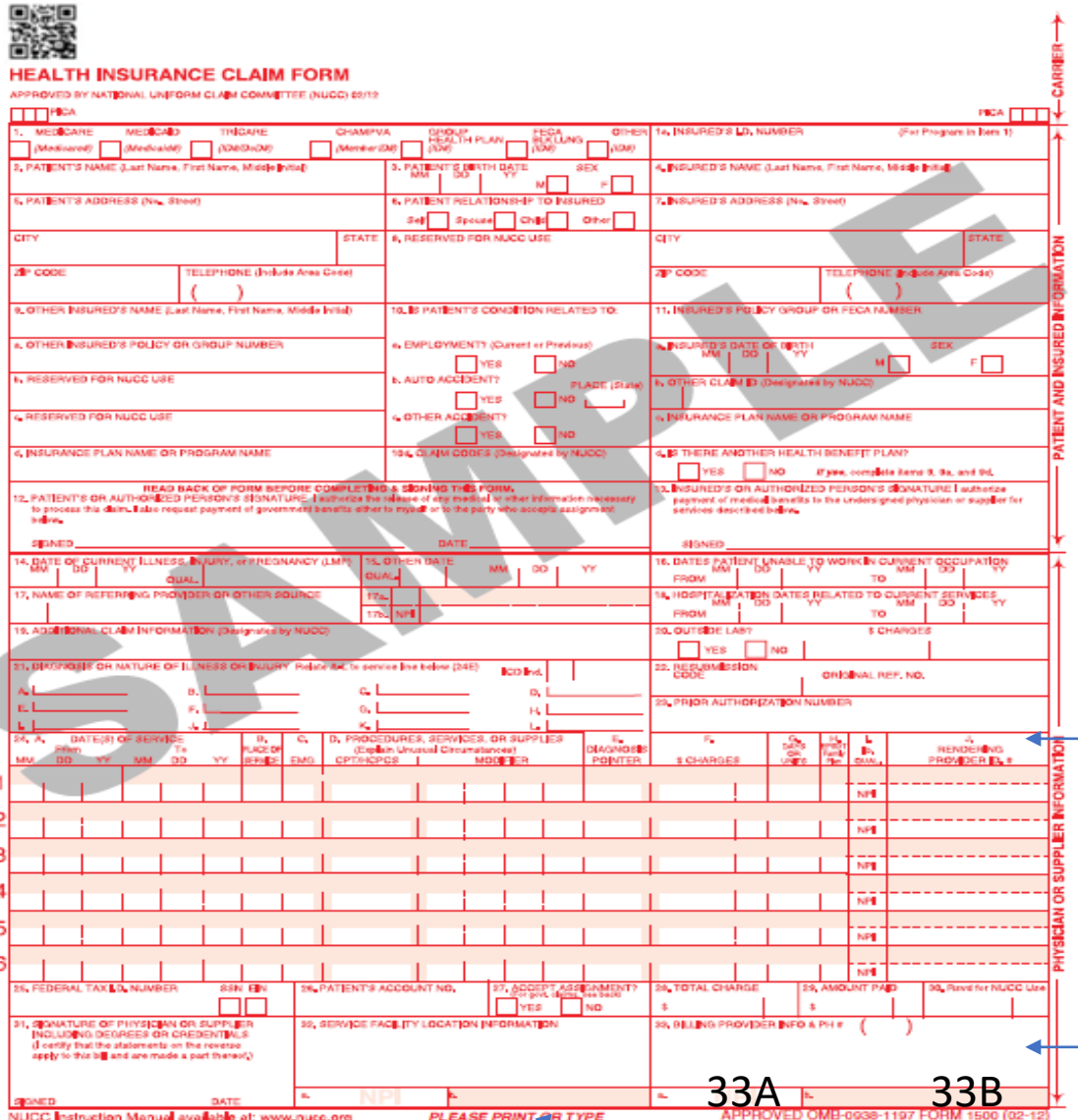
Billing requirements for *CMS-1500*:

- Box 24J: Rendering provider NPI.
- Box 33: Group/billing provider's service location address with complete ZIP code+4.
- Box 33A: Group billing provider NPI.
- Box 33B: Group billing taxonomy code.

Note: The National Provider Identifier (NPI) number, Tax Identification Number (TIN) and Taxonomy Code are ***required on all claims***.

- Be sure you report all of your NPI numbers and taxonomies with the State of Indiana at www.IN.gov/Medicaid.

HCFA 1500 CLAIM FORM



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Billing Requirements

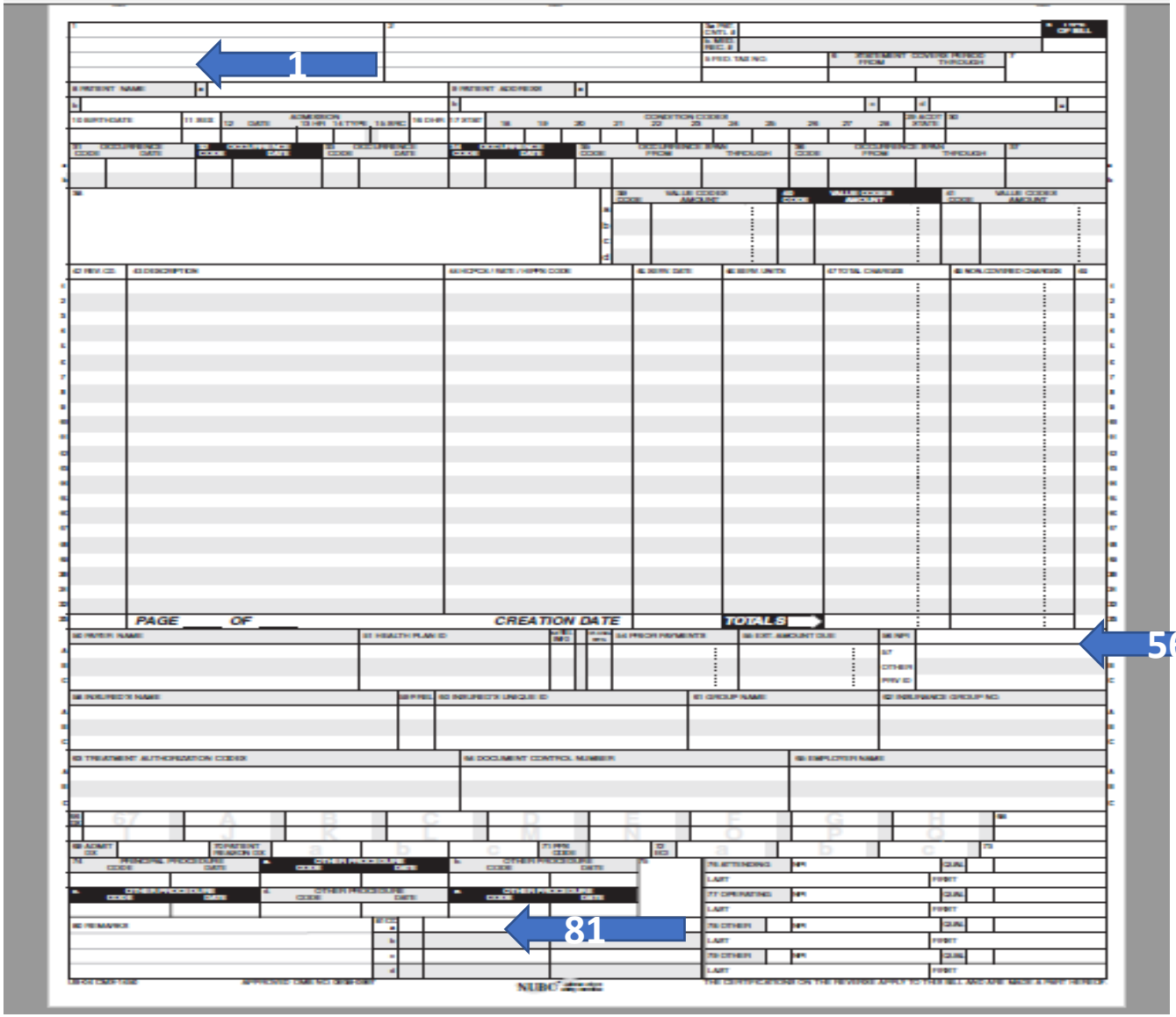
Billing requirements for UB-04

- Box 1: Billing provider service location name, address and expanded ZIP Code+4.
- Box 56: NPI for the billing provider.
- Box 81ccA: Billing taxonomy (required eff. 04/01/2020).

Note: The National Provider Identifier (NPI) number, Tax Identification Number (TIN) and Taxonomy Code are ***required on all claims***.

- Remember to attest all of your NPI numbers with the State of Indiana at www.IN.gov/Medicaid.

UB-04 CMS-1450 CLAIM FORM



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DENIAL VS. REJECTION

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Denial vs. Rejection

Denial vs. Rejection

- Denied claims will include an EOB with a denial code.
- Rejected claims are different than denied claims:
  - Rejected claims are returned to the provider or electronic data interchange (EDI) source without registering in the claims processing system.
  - Since rejected claims are not registered in the claims processing system, the provider must resubmit the claim within the claim's timely filing limit.
- Rejected claims do not extend the timely filing limit.
  - Contracted providers have 90 days from the date of service.

Common Denial Codes

Top Denial Codes and Descriptions

- Prior Authorization - 160
- Coordination of Benefits (COB) – 86
- The time limit for filing has expired – 35
- Invalid NDC code – NDC
- Coverage is terminated – 62

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CLAIMS AND CLAIMS ADJUSTMENT REQUEST FORMS

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Claims Contact

- **In order to assist you in getting a timely claim response and claims adjudicated, please be sure to FIRST contact the Provider Customer Services at 833-654-9192 for:**

- ✓ **Questions regarding denied or paid claims**
- ✓ **Claim status if unable to locate on the portal**
- ✓ **Checking status of claim adj forms if it has been over 30 days since it was submitted**

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Claim Adjustments

Claim Adjustment Request Form

- Request for payment reconsideration for a paid or denied claim.
- Claim adjustments are to be used before the Claim Dispute process.
- Use form:
  - To have the claim reconsidered for payment if denied in error.
  - If the claim paid at an inappropriate rate.
  - To submit attachments missing from original claim submission.

Claim Adjustments

- All claim adjustment inquiries and requests must be made to MDwise within 90 calendar days of the most current MDwise Explanation of Payment (EOP).
- Form cannot be used if claim has already been disputed.
- Adjustment Request Form must be complete and include all documentation to be considered.

Claim Adjustments

Claim Adjustment Request Form

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____ MID #: _____

MDwise Claim #: _____ DOS: _____

Provider Name: _____ Tax ID#: _____

Office Contact: _____ Rendering NPI #: _____

Date *Provider Claim Adjustment Form* Submitted: _____ Phone #: _____

Reason for Request (please check appropriate box):

For a correction to a previously submitted claim:

- ☐ Date of Service
- ☐ Diagnosis Code
- ☐ Modifier
- ☐ Place of Service
- ☐ Procedure Code
- ☐ Provider/Tax ID
- ☐ Other: _____

For reconsideration: (supporting documentation required)

- ☐ Service denied for lack of authorization (attach copy of authorization information or number)
- ☐ Service denied as other insurance primary (COB) (attach copy of primary EOB)
- ☐ Service denied as a duplicate (attach documentation)

Claim Adjustments

Claim Adjustment Request Form

- Send completed Claim Adjustment Request Form with a copy of the claim form and/or any supporting documentation to:
  - MDwiseClaims@mclaren.org
  - Or fax to: 1-833-540-8649
- For questions regarding the Provider Claims Adjustment Process, call the Provider Customer Service Unit (PCSU) at 1-833-654-9192.

Claim Adjustments

Claim Dispute Process:

Provider completes the Claims Dispute Form found at www.mdwise.org on the (For Providers) page, under Claim Forms.

Completed form and supporting documents are sent via email:

- cdticket@mdwise.org

Received email is routed to a Claims Dispute work queue where a ticket number will be issued, and an email notification will be sent back immediately.

The Claim Dispute team will review the submitted dispute and work the cases to resolution (uphold or overturn).

An email notification will then be sent to the provider, referencing the dispute and ticket number, on the resolution determination.

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Claim Adjustments

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Claims Dispute Form

Please submit disputes electronically to **cdticket@mdwise.org**. Only **ONE** claim can be submitted **PER** dispute form **PER** email.
Please use a Claim Adjustment Form for corrected claims, medical records, invoices, consent forms or recoupment requests. These do not constitute a dispute.

Facility/Provider Name: _____ Date: _____

Telephone Number: _____ Email: _____

Member Name: _____ Date of birth: _____

Date of Service: _____ Member ID #: _____

Billed Amount: _____ Claim #: _____

MDwise Program: ◯ Hoosier Healthwise ◯ HIP
(please select one)

Dispute Level: ◯ 1st Level ◯ 2nd Level
(please select one)

Claim dispute denial reason: _____

Describe disputed claim. Description should include, but not be limited to the following items: reason given for denial and position statement that explains why this claim should be paid.

Please attach, as available, explanation of payment, denial letter and any documentation that you believe may be relevant for your claim dispute.

Form Completed By *(please print)*: _____ Date: _____

If you are unable to email disputes please mail them to the following address:
MDwise
P.O. Box 441423
Indianapolis, IN 46244-1423
Attn: MDwise Dispute Team

Please provide correspondence address: _____

APP0290 (1/17)
Updated 6/19

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Claim Adjustments

Informal Claim Dispute for In Network and Out of Network

- Provider disagrees in writing with how the claim was adjudicated:
  - Must be commenced within 60 days from the date on the Explanation of Payment (EOP).
  - MDwise will reach a decision and notify the provider within 30 business days.

Claim Dispute Scenario

Question:

How long does a formal claim dispute take for In Network and Out of Network Providers?

And the answer is…….

Provider has 60 calendar days from the date of the 1st level decision.

Claims Adjustments

- MDwise will compose a panel of persons not involved with the 1st level dispute to review the 2nd level dispute.
- MDwise will reach a decision and notify the provider within 45 calendar days.
- The panel's decision is MDwise's final action on the claim.

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RESOURCES AND CONTACT INFORMATION

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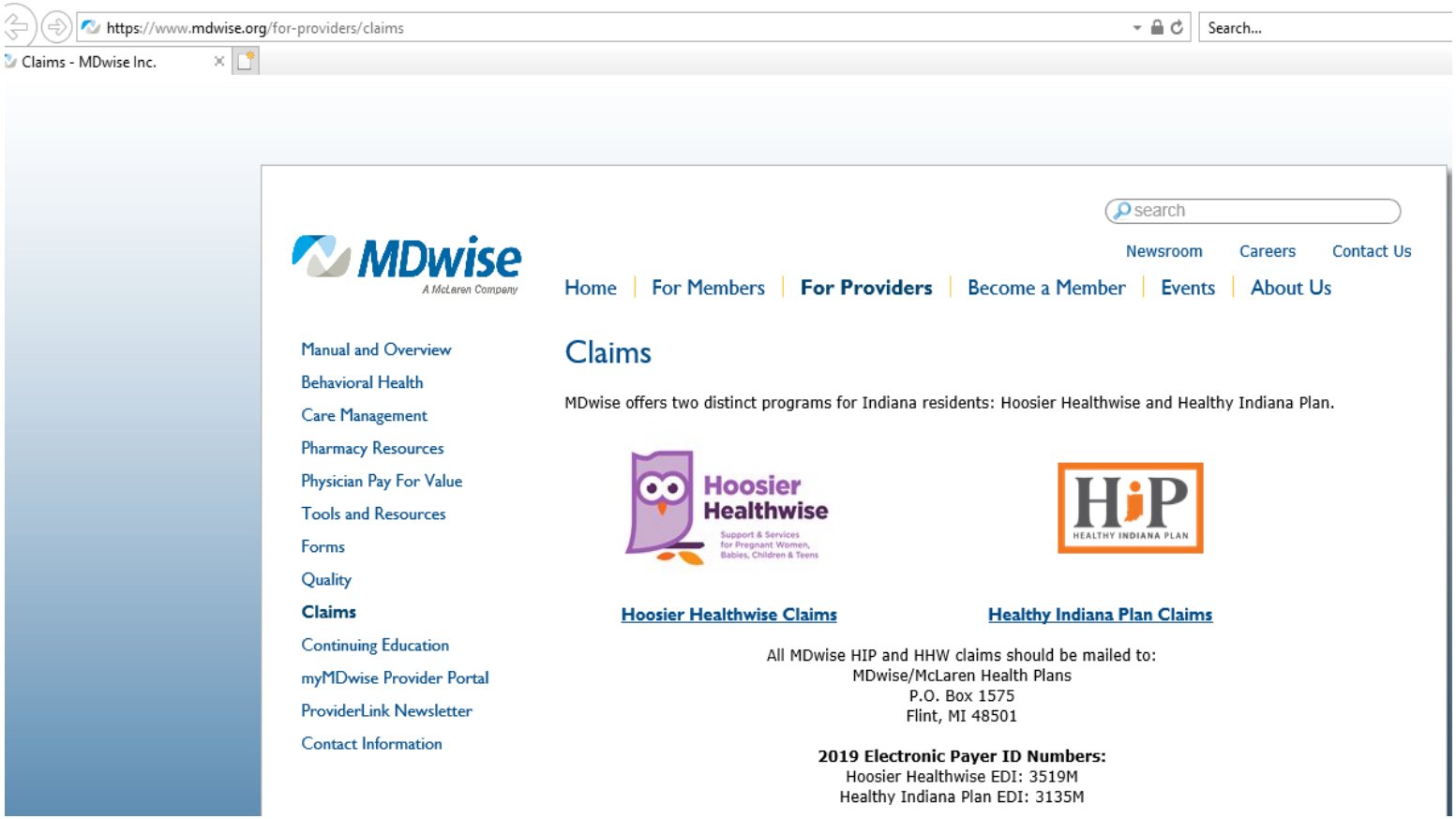
Resources

Claims Page

- https://www.mdwise.org/for-providers/claims



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Resources

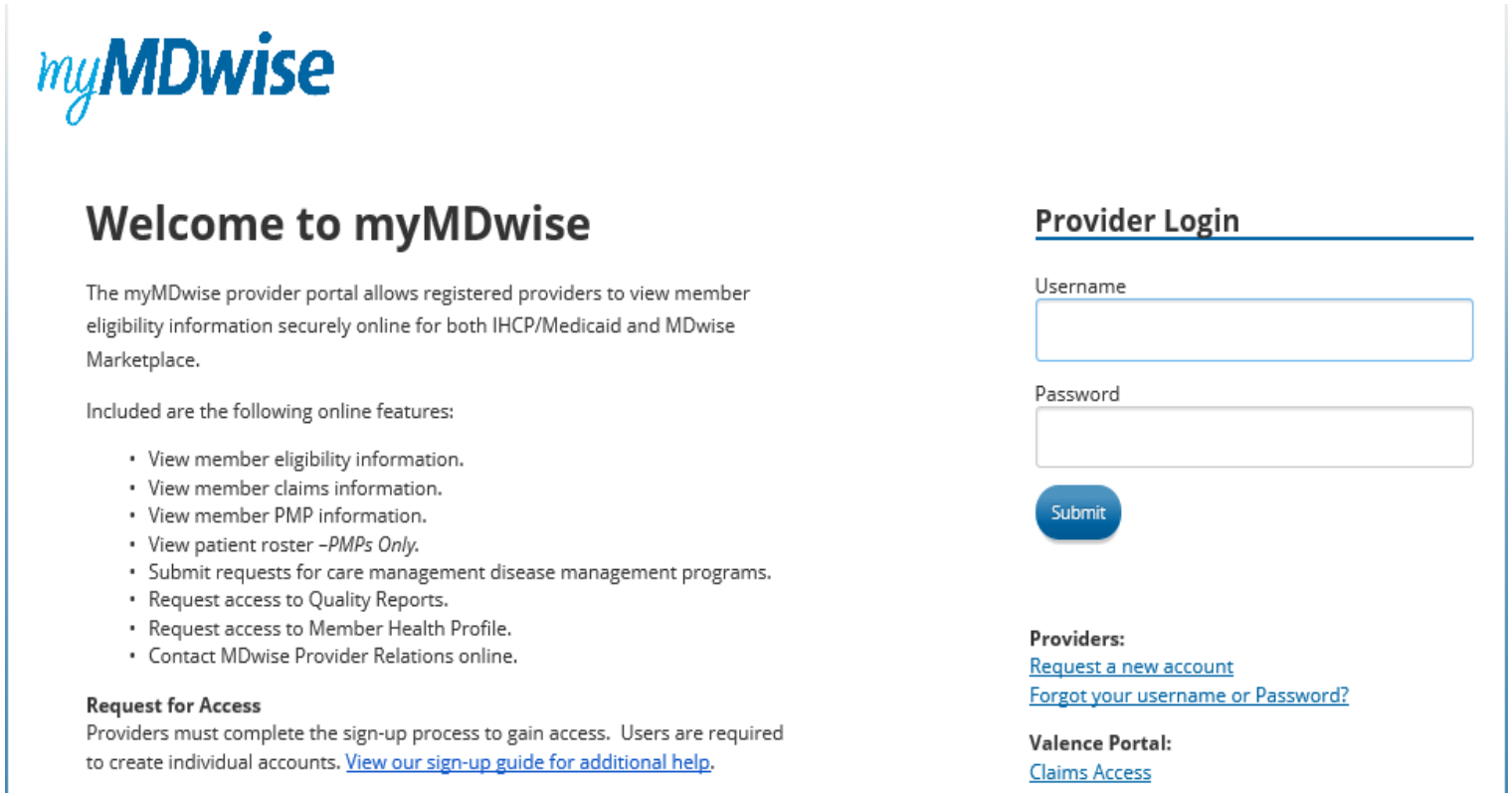
Claims Forms

- https://www.mdwise.org/for-providers/forms/claims
  - Claim Adjustment Request Form
  - Claims Dispute Form
  - Provider Refund Remittance Form
  - Vision Eligibility Request Form

Resources

Claims Inquiries

- Providers can use myMDwise provider login portal to quickly view the status of their claims.



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Bulletins and Banner Updates

- BT202185 – IHCP COVID-19 Response: Reimbursement temporarily increased for COVID-19 Ready nursing facilities.
- BT202183 – IHCP updates PA and billing requirements for urine drug testing, effective October 15, 2021.
- BT202182 – IHCP temporarily reinstates PA policy for long-term acute care (LTAC) and acute inpatient rehabilitation (AIR) facility admissions.
- BT202181 – IHCP reinstates temporary PA changes for managed care skilled nursing facility (SNF) admissions.

IHCP Bulletins and Banner Updates

- BT202180 – PA changes temporarily reinstated for some DME/HME supplies and services.
- BT202179 – IHCP reinstates inpatient substance use disorder (SUD) and psychiatric admission policy changes.
- BT202178 – IHCP temporarily revises time frames for certain PA approvals.
- BT202174 – IHCP temporarily reinstates revisions to PA process for acute care hospital non-elective inpatient admissions.
- https://www.in.gov/medicaid/providers/provider-references/news-bulletins-and-banner-pages/

Resources (Cont'd)

MDwise Customer Service

- 1-800-356-1204

MDwise Claims: Provider Customer Service Unit

- 1-833-654-9192

MDwise Manuals

- https://www.mdwise.org/for-providers/manual-and-overview

IHCP Provider Modules

- www.in.gov/Medicaid/providers

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Provider Relations Reps

MDwise Network
Provider Relations Territory Map

Region 1
Paulette Means
pmeans@mdwise.org
317-822-7226

Region 2
Danielle Nesbit
dnesbit@mdwise.org
317-793-0872

Region 3
LaKisha Browder
lbrowder@mdwise.org
317-983-7819

Region 4
Robin King
rking@mdwise.org
317-619-5622

Region 5
Amanda Deaton
adeaton@mdwise.org
317-793-0873

Region 6
Tonya Trout
ttrout@mdwise.org
317-308-7329

Region 7
Rebecca Church
rchurch@mdwise.org
317-308-7371

Region 8
Chris Bryant
cbryant@mdwise.org
317-517-4776

Lauren de Blecourt, RN
ldeblecourt@mdwise.org
317-407-5910
(Behavioral Health – CMHCs, OTPs, IMD, SUD)

Provider Relations – Contact Information

Representative	Territory	Phone	Email
Paulette Means	Region 1	317-822-7226	pmeans@mdwise.org
Danielle Nesbit	Region 2	317-793-0872	dnesbit@mdwise.org
LaKisha Browder	Region 3	317-983-7819	lbrowder@mdwise.org
Robin King	Region 4	317-619-5622	rking@mdwise.org
Amanda Deaton	Region 5	317-793-0873	adeaton@mdwise.org
Tonya Trout	Region 6	317-308-7329	ttrout@mdwise.org
Rebecca Church	Region 7	317-308-7371	rchurch@mdwise.org
Chris Bryant	Region 8	317-517-4776	cbryant@mdwise.org
Lauren de Blecourt	Behavioral Health (CMHC, OTP, IMD, SUD)	317-407-5910	ldeblecourt@mdwise.org

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Resources

MDwise Provider Portal
http://www.MDwise.org/for-providers

- Member Eligibility, including Primary Medical Provider
- Claims
- Quality Reports
  - Member Rosters

- Member Health Profile
  - Coordinate Medical and Behavioral Health services based on paid claims
  - Includes physician visits, medication, and ER visits
- Case Management/Disease Management Requests

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Resources

- Quality Reports

		WCV (Well-Care 3-21 yr.)			W32 (Well-Care 15-30 mo.)			W31 (Well-Care 0-15 mo.)			LSC (Lead Screening in Children)			AAP (Adult Preventive Care)		
		50th %tile	75th %tile	90th %tile	50th %tile	75th %tile	90th %tile	50th %tile	75th %tile	90th %tile	25th %tile	50th %tile	75th %tile	25th %tile	50th %tile	75th %tile
		-	-	-	-	-	-	-	-	-						
		Eligible Members	*Meets Criteria*	*% Meets Criteria*	*Eligible Members*	*Meets Criteria*	*% Meets Criteria*	*Eligible Members*	*Meets Criteria*	*% Meets Criteria*	*Eligible Members*	*Meets Criteria*	*% Meets Criteria*	*Eligible Members*	*Meets Criteria*	*% Meets Criteria*

Resources (Cont'd)

Third Party Liability Tip Sheet

- http://www.mdwise.org/for-providers/tools-and-resources/additional-resources/tip-sheets/

MDwise Provider Manuals

- http://www.mdwise.org/for-providers/manual-and-overview/

MDwise Provider Relations Territory Map

- MDwise Provider Relations Territory Map

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Questions

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